

Thomas O. Forslund, Director

Governor Matthew H. Mead

**2015-2016 FLU CLINIC WEBSITE REGISTRATION FORM**

To post your flu clinics or extended office hours on the Wyoming Immunization Unit website ([www.immunizewyoming.com](http://www.immunizewyoming.com)), please complete and fax this form to 307-777-3615 or email to [wdh-immunization@wyo.gov](mailto:wdh-immunization@wyo.gov).

**WYOMING HEALTHCARE PROVIDER**

Provider Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

County: \_\_\_\_\_ Phone#: \_\_\_\_\_

**FLU CLINIC**

Clinic Date: \_\_\_\_\_ Clinic Time: \_\_\_\_\_ County: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Additional Info: \_\_\_\_\_

**FLU CLINIC**

Clinic Date: \_\_\_\_\_ Clinic Time: \_\_\_\_\_ County: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Additional Info: \_\_\_\_\_